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				Application Number	10/025,743				
	TRA	NSMITTAL	_	Filing Date	December 26, 2001				
		FORM	_	First Named Inventor	Hiroki KANAI et al.				
		. •		Group Art Unit	2187				
	(to be used for all	l correspondence after init	ial filing)	Examiner Name	Kimberly N. McLEECEIVED				
	Total Number o	of Pages in This Submission	_	Attorney Docket Number	500.36683CX1 111 0 8 2007				
			ENCLOSUR	ES (check all that apply)	Tabasian Center 2 00				
	Fee Transmitte Fee Atta Amendment / I After Fin Affidavite	ched	(for an Drawin	ing-related Papers	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
	Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority  Documents  Response to Missing Parts/ Incomplete Application  Response to Missing Parts		Provisi Power Chang Addres Termin Reques	n to Convert to a onal Application of Attorney, Revocation e of Correspondence is nal Disclaimer st for Refund	Proprietary Information  Status Letter  Other Enclosure(s) (please identify below): Request for Approval of Drawing Corrections copy of FIG. 13 containing red-ink mark ups.  PLU 0 8 2002				
	under 37 CFR 1.52 or 1.53  Technology Center 2100								
		SIGNAT	TURE OF APPL	ICANT, ATTORNEY, OR	AGENT				
Firm or Individual Signature	Firm DAVID C. OREN, REG. NO. 38,694 Individual Name Signature								
16	16.414.41-1			CATE OF MAILING					
				the United States Postal Se ngton, DC 20231 on this da	rvice with sufficient postage as first class mail le: June 28, 2002.				
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PTO/SB/17 (10-01)
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## FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

	Complete if Known
Application Number	10/025,743
Filing Date	June 26, 2002
First Named Inventor	Hiroki KANAI et al.
Examiner Name	Kimberly N. McLean
Group Art Unit	2187
Attorney Docket No.	500.36683CX1

TOTAL AMOUNT OF PAYMENT	Patent rees are subject to annual revision.						Examiner Name			Kimberly N. McLean		
The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:   Deposit Account Number   ATS&K LLP   Such and the continued of t						Group Art Unit			t	2187		
1.	TOTAL AMOUNT OF PAYMENT (\$)72.00 +					1	Attorney Docket No. 500.36683CX1					
Ges and credit overpayments to:   Deposit Account Number 401-21356   Deposit Number 401-21356   Dep		N	METHOD	OF PAYMENT					FE	E CALCULATION (continued)		
Code	The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:     Deposit Account Number «01-2135»						Large Entity		Small Entity			
Under 37 CFR 1.1 6 and 1.17   Applicant Claims small entity status.   127 50 227 25 Surcharge – late filing fee or cath	_ `					Code				Fee Description Fee Paid	1	
See 37 CFR 1.27	Under 37 CFR 1.1 6 and 1.17  Applicant Claims small entity status.					105	130	205	65	Surcharge - late filing fee or oath	1	
2.						127	50	227	25			
112   920   112   920   Requesting publication of SIR prior to Examination action   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840   113   1,840	2. 🛛 Paymo	ent Enc	losed:	•		139	130	139	130		ı	
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Large   Entity   Small   Entity   Fee			FEE C	ALCULATION		112	920*	112	920*			
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107 510 207 255 Plant filing fee 108 740 208 370 Reissue filing fee 114 160 214 80 Provisional filing fee 115 SUBTOTAL (1)  SUBTOTAL (1)  108 740 208 370 Reissue filing fee 116 SUBTOTAL (1)  SUBTOTAL (1)  \$.00  118 1,440 218 720 Extension for reply within fourth month 128 1,960 228 980 Extension for reply within fifth month RECEIVE 119 320 219 160 Notice of Appeal 120 320 220 160 Filing a brief in support of an appeal 121 280 221 140 Request for oral hearing 122 140 Request for oral hearing 123 1,510 Petition to institute a public use proceeding October 140 110 240 55 Petition to revive – unavoidable 141 1,280 241 640 Petition to revive – unavoidable 141 1,280 241 640 Petition to revive – unintentional October 143 460 243 230 Design issue fee 122 130 122 130 Plant issue fee 122 130 122 130 Petition to revive – unintentional October 143 460 243 230 Design issue fee 144 600 244 310 Plant issue fee 158 1 40 581 40 581 40 Submission of Information Disclosure Stmt Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe				Utility filing fee	\$.00					• •		
108		-								* -		
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SUBTOTAL (1)   \$.00   121   280   221   140   Request for oral hearing   138   1,510   138   1,510   Petition to institute a public use proceeding   138   1,510   138   1,510   Petition to revive – unavoidable   140   110   240   55   Petition to revive – unavoidable   141   1,280   241   640   Petition to revive – unintentional   142   1,280   242   640   Utility issue fee (or reissue)   143   460   243   230   Design issue fee   144   620   244   310   Plant issue fee   144   620   245   340   Plant issue fee   245   245   245   245   245   245   245   245   245   2				_			-			Extension for reply within fifth mode		
SUBTOTAL (1)   \$.00   121   280   221   140   Request for oral hearing   1.510   Petition to institute a public use proceeding   1.510   Petition to revive – unavoidable   1.510   Petition to revive – unintentional   Petition to revive – unavoidable   Petition to rev	114	160 2	214 80	Provisional filing te	ee					Notice of Appeal		
1. EXTRA CLAIM FEES	SUBTOTAL (1)											
Fee from below Fee Pald  Total Claims 24 -20 = 4 x \$18.00 =\$72.00									1 510	Request for oral flearing JUL 0 8 20	02	
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Indep. Claims 2-3 = 0	Total Claims	24 -20								Utility issue fee (or reissue)	51 F	
Multiple Dependent = 122 130 122 130 Petitions to the Commissioner 123 50 123 50 Processing fee under 37 CFR 1.17(q)  126 180 126 180 Submission of Information Disclosure Stmt  127 50 128 50 Processing fee under 37 CFR 1.17(q)  128 180 126 180 Submission of Information Disclosure Stmt  129 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 Submission of Information Disclosure Stmt  180 180 180 180 IRIT Submission of Information Disclosure Stmt  180 180 180 IRIT Submission of Information Disclosure Stmt  180 180 180 IRIT Submission of Information Disclosure Stmt  180 180 180 IRIT Submission of Information Disclosure Stmt  180 180 180 IRIT Submission of Information Disclosure Stmt  180 1	Total Claims	24 -20								•		
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Large Fee Fee (\$) Code (\$) Claims in excess of 20  126 180 126 180 Submission of Information Disclosure Stmt Fee Code (\$) Claims in excess of 20  127 128 129 129 129 129 129 129 129 129 129 129	Multiple Depe	endent			=	122	130	122	130	Petitions to the Commissioner		
Fee Code (\$) Code (\$)  Code (\$)  Code (\$)  Claims in excess of 20  Claims in excess of 20  Claims in excess of 3  Multiple dependent claim, if not paid  Recording each patent assignment per property (times number of properties)  For each additional invention to be examined (37 CFR § 1.129(a))  Multiple dependent claim, if not paid  Recording each patent assignment per property (times number of properties)  For each additional invention to be examined (37 CFR § 1.129(a))  Request for Continued Examination (RCE)						123	50	123	50	Processing fee under 37 CFR 1.17(q)		
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102 84 202 42 Independent claims in excess of 3  104 280 204 140 Multiple dependent claim, if not paid  109 84 209 42 **Reissue independent claims  109 84 209 42 **Reissue independent claims  100 146 740 246 370 For each additional invention to be examined (37 CFR § 1.129(a))  109 84 209 42 **Reissue independent claims  100 146 740 246 370 For each additional invention to be examined (37 CFR § 1.129(b))  100 149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))  109 84 209 42 **Reissue independent claims  100 146 740 246 370 For each additional invention to be examined (37 CFR § 1.129(b))  109 84 209 42 **Reissue independent claims  100 149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(a))	Code (\$)	Code	(\$)	·		581	40	581	40			
104 280 204 140 Multiple dependent claim, if not paid examined (37 CFR § 1.129(b)) 109 84 209 42 ** Reissue independent claims 179 740 279 370 Request for Continued Examination (RCE)			-			146	740	246	370	For each additional invention to be		
109 84 209 42 ** Reissue independent claims 179 740 279 370 Request for Continued Examination (RCE)	104 280	204	140	Multiple depender	nt claim, if not paid	149	740	249	370			
	109 84	209	42	** Reissue indeper	ndent claims	179	740	279	370			
100 000 100 000 Tradadat for expedition expedition expedition				over original pat		169	900	169	900	Request for expedited examination		
of a design application  110 18 210 9 ** Reissue claims in excess of 20 and over original patent Other fee (specify)	110 18	210	9			Other	fee (spe	ecify)		of a design application	I	
SUBTOTAL (2) \$72.00  Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) <<.00>>				SUBTOTAL (2	2) \$72.00	SUBTOTAL (2) (5) < 2005						
**or number previously paid, if greater, For Reissues, see above.						Keat	iceu oy	Dasic Fi	my ree	- August 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100		

SUBMITTED BY			Complete (if applicable)					
Name (Print/Type)	DAVIDIC. OREN	117	Registration No.	38,694	Telephone	703-312-6600		
Signature	1 Jam	Um			Date	June 28, 2002		

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